

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

10

APP. NO.

10/5071

FILING DATE

CLAIMS

	AS FILED		AFTER BY AMENDMENT		AFTER BY AMENDMENT			AS FILED		AFTER BY AMENDMENT		AFTER BY AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	38	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			39				TOTAL CLAIMS						